

410 IAC 1-2.5-124 Poliomyelitis; specific control measures

Authority: IC 16-19-3-4; IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 124. The specific control measures for poliomyelitis (infectious agent: poliovirus) are as follows:

(1) An investigation by a department field representative, in cooperation with the local health officer, shall be performed immediately and include the following:

- (A) Laboratory confirmation.
- (B) The immunization status of the case.
- (C) The time since the last vaccination.
- (D) The type of vaccine given.
- (E) A history of underlying immunosuppressive condition.
- (F) A history of contact with high risk individuals, such as the following:
  - (i) Persons who object to vaccination.
  - (ii) Recent immigrants.
  - (iii) Travelers.
  - (iv) Persons who are a probable or confirmed case of polio.

A travel history of the case shall be determined. If wild poliovirus is implicated, an immunization program designed to contain the spread shall be initiated using trivalent polio vaccine. A thorough search shall be conducted for sick persons, especially children, to ensure early detection, facilitate control, and permit appropriate treatment of unrecognized and unreported cases.

(2) For hospitalized patients, both contact and standard precautions are required. Other infected persons shall be excluded from:

- (A) schools;
- (B) preschools;
- (C) daycare facilities;
- (D) public gatherings; and
- (E) contact with susceptible persons outside the home;

for a period of not less than twenty-one (21) days after the onset of illness.

(3) Concurrent disinfection shall be followed for the following:

- (A) Throat discharges.
- (B) Feces.
- (C) Articles soiled by throat discharges or feces.

Feces may be disposed of directly into sanitary sewage system. Terminal cleaning shall also be followed.

(4) Quarantine is not indicated.

(5) Familial and other close contacts may be vaccinated, but this measure, when implemented after recognition of the case, is of unknown value.

(6) The Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists set the standard clinical and laboratory case definition.

*(Indiana State Department of Health; 410 IAC 1-2.5-124; effective Dec 25, 2015)*